JANE BATES

Telling patients the cost of their care is immoral

My friend, who is an occupational therapist, is dismayed about the lack of joined-up thinking where NHS provision and social care are concerned.

She is familiar with bed-blocking and its effects. She also knows how demanding some patients can be, while others in greater need do not receive their due.

‘Maybe what should be done is to wise patients up about the real cost of their treatment,’ she said.

I am not sure about this. To present each patient with a bill could make some people angry (what do we pay our taxes for?); some anxious (I’ve had a hip replacement and have diabetes, so does that mean I’ve used my quota?); while others would feel guilty about ‘bothering the doctor’.

For most patients – the frailest and most dependent who swallow up a large chunk of the NHS budget – it would be immoral to provide them with such information.

And who would present patients with this unwelcome data? Nurses, of course, who have more than enough to do without getting into arguments, even civilised discussions, about NHS funding.

By all means educate the public about the cost of a healthcare system such as ours, free at the point of delivery. But making it personal? This is a step too far.

Jane Bates is an ophthalmic nurse in Hampshire

SHOULD THE FOUR-HOUR A&E TARGET BE SCRAPPED?

The government is in denial about the real issue causing unacceptable conditions in A&E: ongoing cuts in social and primary care, which prevent timely discharge from hospital.

Health secretary Jeremy Hunt’s idea of revising the four-hour target is just an evasion. The target can work as a valid clinical marker, but without patient flow it becomes ineffective. Exit block from A&E should be the focus, not fiddling statistics.

Pete Hawkins is a staff nurse in an emergency department in Bristol

The target should be scrapped, but why now? The four-hour wait encourages medical decisions to be rushed and is influenced by non-clinical factors. But it is a constraint that emergency departments have learned to work with, and scrapping it during a crisis feels like sweeping the problem under the carpet.

Removing a measurable target – one that has been missed across the country – feels like an underhand tactic.

Daniel Athey is a staff nurse on an acute medical unit in Sheffield

Hospitals are full and staff are exhausted. Sending Jeremy Hunt to fix this by scrapping the four-hour A&E target is akin to an incompetent mechanic tinkering under a car bonnet when the wheels are falling off.

Only adequate funding and a comprehensive approach will fix our NHS. This means looking at health care in its entirety, not just A&E. We need a government that values people’s health.

Liz Charalambous is a staff nurse in Nottingham

Higher demand for healthcare services are to be expected with people living longer, and winter pressures have put emergency departments under significant strain. But one of the main reasons many hospitals fail to meet the four-hour target is a shortage of beds.

The target should be maintained as a performance indicator, but issues around bed shortages need to be addressed urgently.

Edwin Chamanga is a tissue viability service lead in London

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